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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027800002	C	ITY OR TOWN DENNIS	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: MARSHIDESIDE	OPERATIONS LLC		
DOING BUSINESS A MARSHSIDE R	ESTAURANT		
ADDRESS 28 BRIDGE ST.			
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02641	
MANAGER: ROBINSON, TY BARBARA	PE OF LICENSE: Restar	urant CATEGORY: All Alco	ohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTION OF LICENSED PREMI			
ONE FLOOR INCLUDING ONE ROOM SUNDECK,TWO BATHROOMS, APRO RESTAURANT/19 SEATS IN THE TA	OX MEASUREMENT 6		
I hereby certify and swear under penaltie	s of perjury that:		
1. the renewed license will be of	the same type for the sa	me premises now licensed;	
2. the licensee has complied with		<u>. </u>	
3. the premises are now open for	business (If not explain	below)	
avavar pv			
SIGNED BY Individual, Partne	r or Authorized Corpora	te Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUM	BER:
		(Note: NOT Individual Social Security Nur	mber)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head o	f the fire department for the above	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(п спзарргочес схртані)			
			_
DATE:			_



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	2R: 02/800008		CHY	OK TOWN	DENNIS	
APPLICATION FO	OR RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME	E: LOST DOG PUB	INC.				
DOING BUSINES	S A LOST DOG PU	В				
ADDRESS 1374 R	OUTE 134					
CITY/TOWN: DE	ENNIS	STATE: MA	ZI	P CODE:	02641	
	JRPHY, TY DREW K.	PE OF LICENSE: Re	staurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDI	RESS		_
DESCRIPTION OF	F LICENSED PREM	ISES:				
KITCHEN, DINING	G ROOMS, LOUNG	E AND RESTROOMS	S. STOR	RAGE IN B.	ASEMENT	
• •	l swear under penaltie					
		f the same type for the	-			
	•	th all laws of the Com		Ŭ	to taxes; and	
3. the pren	nises are now open fo	or business (If not expl	ain belo	w)		
CICNED DV						
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Of	ficer		
DATE:	TEI EDUO	NE NUMBER:		EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEETHO	NE NOWIDER.	(1			Security Number)
Acts of 2004, sign	ed by the building in	re in possession (1) the enspector and the hear of liquor liability insu	d of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:]		By:			
DISAPPROVED:						
(If disapproved exp	olain)					
						<u></u>
DATE:						
•						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027800017	(CITY OR TOWN DENNIS
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: RUM RUNNERS	INC	
DOING BUSINESS A RUMRUNNER'S	S BAR & GRILL	
ADDRESS 243 LOWER COUNTY RD		
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02639
MANAGER: STARACE, TY WANDA	PE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREMI		
ONE KITCHEN, DINING ROOM, AND OUTSIDE DINING 24 X 32, AND ENC STORAGE AND KITCHEN SPACE.		
I hereby certify and swear under penaltie	s of perjury that:	
1. the renewed license will be of	the same type for the same	ame premises now licensed;
2. the licensee has complied wit	h all laws of the Commo	onwealth relating to taxes; and
3. the premises are now open for	r business (If not explain	n below)
SIGNED BY Individual, Partne	er or Authorized Corpora	ate Officer
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building in	spector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 02/800022		CITY OR I	OWN	DENNIS	
APPLICATION F	OR RENEWAL:	Annual		LICEN	SED FOR 2	2013
		CLASS				YEAR
DOING BUSINE	E: HORSEFOOT					
	IAIN ST. RTE. 28					
CITY/TOWN: D	ENNIS	STATE: MA	ZIP CO	DE:	02670	
	BRAMSON, ARY	TYPE OF LICENSE: R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS			
	OF LICENSED PRE					
		LIQUOR ROIOMS A	ND OUTSIDE	E DECK	ζ.	
•	d swear under penal					
		of the same type for the	-			
	1	vith all laws of the Com for business (If not exp		iaung u	o taxes; and	
3. the pre	mises are now open	for business (if not exp	nam ociow)			
SIGNED BY	Individual, Part	ner or Authorized Corp	oorate Officer			
DATE:	TELEPH	ONE NUMBER:	EM	PLOYER	R IDENTIFICA	TION NUMBER:
			(Note:]	NOT Ind	lividual Social	Security Number)
Acts of 2004, sig	ned by the building	are in possession (1) the inspector and the heater of liquor liability ins	nd of the fire	departı	ment for the	e above
Please Check Below:			LOCAL L	ICENS	SING AUTH	IORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved ex	nlain)					
	piani)					
	.piam)					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02/800024		CITYOR	IOWN	DENNIS	
APPLICATION FOR RENEWAL:	Annual		LICEN	SED FOR 2	013
	CLASS				YEAR
LICENSEE NAME: EAST PALACE IN	IC.				
DOING BUSINESS A ROYAL PALACI	E RESTAURANT				
ADDRESS 369 MAIN ST.					
CITY/TOWN: DENNIS	STATE: MA	ZIP C	ODE:	02670	
MANAGER: PECK, KAM L. TYPE	PE OF LICENSE: Rest	taurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	IAIL ADDRESS			_
DESCRIPTION OF LICENSED PREMIS					
2 FLOORS- 1ST FLR IS MAIN DINING 2ND FLR; 3 ROOMS AND BATH-USEI					OOMS.
I hereby certify and swear under penalties	of perjury that:				
1. the renewed license will be of	the same type for the	same prem	ises nov	v licensed;	
2. the licensee has complied with	all laws of the Comm	nonwealth 1	elating	to taxes; and	
3. the premises are now open for	business (If not expla	in below)			
CICNED DV					
SIGNED BY Individual, Partner	or Authorized Corpor	rate Office	r		
DATE: TELEPHON	E NUMBER:	El	MPLOYE	R IDENTIFICA	TION NUMBER:
		(Note:	NOT In	dividual Social	Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	of the fire	e depart	tment for the	e above
Please Check Below:		LOCAL	LICEN	SING AUTH	IORITY
APPROVED:		By:			
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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LICENSE NUMBER: 027800029		CITY OR TOWN	DENNIS	
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: BZ'S RESTAURANT	S INC.			
DOING BUSINESS A BZ'S PIZZERIA & I	MEXICAN			
ADDRESS 682 MAIN ST.				
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE:	02639	
MANAGER: DAY, RICKI TYPE	OF LICENSE: Res	taurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS		-
DESCRIPTION OF LICENSED PREMISES	S:			
ONE FLOOR SEPARATED INTO DINING USED FOR STORAGE. RESTRICTIONS; FOR PUBLIC ACCESS	the state of the s			
I hereby certify and swear under penalties of	perjury that:			
1. the renewed license will be of the	e same type for the	same premises nov	w licensed;	
2. the licensee has complied with all	l laws of the Comm	nonwealth relating	to taxes; and	
3. the premises are now open for bu	siness (If not expla	in below)		
SIGNED BY		OSC		
Individual, Partner or	Authorized Corpo	rate Officer		
DATE: TELEPHONE				
TELEPHONE I	NUMBER:		ER IDENTIFICAT adividual Social S	
		(****** <u>=.32</u> II	iai viduai Boeiai B	cearity (valueer)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010.	ector and the head	of the fire depar	tment for the	above
Please Check Below:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	027800031		CIT	Y OR TOW	/N DENNIS	
APPLICATION FOR 1	RENEWAL:	Annua	ıl	LIC	ENSED FOR 2	2013
		CLAS	S			YEAR
LICENSEE NAME:	ATWOOD FOOD	SERVICES, IN	IC.			
DOING BUSINESS A	RED PHEASAN	T INN				
ADDRESS 905 MAIN	ST.					
CITY/TOWN: DENN	NIS	STATE:	MA	ZIP CODE:	02638	
MANAGER: ATWO WILLI	OOD, TYI	PE OF LICENS	E:Restaura	ant	CATEGORY	: All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL A	DDRESS		
DESCRIPTION OF LI						
2 DINING RMS. OLD FIREPLACE, & A NE				SMALL SIT	TING AREA,	BAR &
I hereby certify and sw	ear under penalties	of perjury that	:			
1. the renewed	d license will be of	the same type f	or the same	e premises n	ow licensed;	
2. the licensee	has complied with	all laws of the	Commonw	ealth relatir	ng to taxes; and	
3. the premise	s are now open for	business (If no	t explain be	elow)		
SIGNED BY						
	Individual, Partner	or Authorized	Corporate	Officer		
DATE.						
DATE:	TELEPHON	IE NUMBER:			YER IDENTIFICA Individual Social	
				(11010: 1101	individual Social	Security (valider)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building in	spector and the	e head of t	he fire dep	artment for th	e above
Please Check Below:			L(OCAL LICE	ENSING AUTH	IORITY
APPROVED:	_		Ву			
DISAPPROVED:						
(If disapproved explain	1)					
DATE:			_			
·····						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	02/800034	CITY OR TOWN D	EININIS
APPLICATION FOR I	RENEWAL: Annua	al LICENSEI	O FOR 2013
	CLAS	S	YEAR
	KAYMATTOC'S TWENTY EIG	HT CLUB, INC.	
DOING BUSINESS A			
ADDRESS 498 MAIN	ST		
CITY/TOWN: DENN	NIS STATE:	MA ZIP CODE: 0	2639
MANAGER: O'CON	NOR, JOHN TYPE OF LICENS	SE: Restaurant CATI	EGORY: All Alcohol
EMAIL ADDRESS:			
PL	EASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISES:		
	THEN AND SMALL STORAGE		
•	ear under penalties of perjury that		
	l license will be of the same type t	-	
	has complied with all laws of the		xes; and
5. the premises	s are now open for business (If no	t explain below)	
SIGNED BY			
	Individual, Partner or Authorized	Corporate Officer	
DATE:	TELEPHONE NUMBER:		ENTIFICATION NUMBER:
		(Note: NOT Individ	ual Social Security Number)
	attest that we are in possession		
	by the building inspector and th) the certificate of liquor liabilit		
of 2010.	the certificate of fiquor habini	y insurance required by Cha	apter 110 of the Acts
Please Check Below:		LOCAL LICENSING	G AUTHORITY
APPROVED:		By:	
DISAPPROVED:		·	
(If disapproved explain	n)		
			<u></u>
D.A.TE			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 02/800039		CHY	OR TOWN	DENNIS	
APPLICATION FO	OR RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME	E: KDREAMS INC.					
DOING BUSINES	S A ALL AMERICAN	NBAR & GRILL				
ADDRESS 50 RTI	E. 134					
CITY/TOWN: DE	ENNIS	STATE: MA	ZI	P CODE:	02660	
	ALBRIDGE, TYP MBERLY	E OF LICENSE: Re	staurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDI	RESS		_
	F LICENSED PREMIS					
	G ROOM. THREE EN		XIT. TV	WO IN DIN	ING ROOM	
•	l swear under penalties					
	wed license will be of the	• •	-			
	nsee has complied with a mises are now open for b			•	to taxes; and	
3. the pren	mises are now open for t	ousiness (II not expi	aiii beio	(W)		
SIGNED BY						
SIGNED D1	Individual, Partner	or Authorized Corpo	orate Of	ficer		
DATE:	TELEPHONE	E NUMBER:		EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
			(]	Note: NOT In	dividual Social S	Security Number)
Acts of 2004, sign	ned, attest that we are indeed by the building insplict (2) the certificate of 1	pector and the head	d of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:]		By:			
DISAPPROVED:						
(If disapproved exp	olain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	27800040		CITY OR TOWN DE	EININIS
APPLICATION FOR R	ENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME: J.	ASON'S MARKETPLA	CE, INC.		
DOING BUSINESS A	JASON'S MARKET PL	ACE		
ADDRESS 500 RTE 13	34			
CITY/TOWN: DENN	IS SI	ATE: MA	ZIP CODE: 02	2660
MANAGER: ECCLE	S, GLENN T.TYPE OF	LICENSE: Res	taurant CATE	GORY: All Alcohol
EMAIL ADDRESS:				
PLE	CASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LIC				
	RESTAURANT WITH		T BAR.	
	ear under penalties of per			
	license will be of the san	• •	•	
	has complied with all lav			xes; and
3. the premises	are now open for busine	ss (If not expla	in below)	
SIGNED BY				
	ndividual, Partner or Au	thorized Corpor	rate Officer	
DATE:	TELEPHONE NUM	MBER:		NTIFICATION NUMBER:
			(Note: NOT Individu	al Social Security Number)
We the undersigned, a	attest that we are in pos	session (1) the	certificate required b	y Chapter 304 of the
Acts of 2004, signed b	y the building inspector	and the head	of the fire department	t for the above
named license and (2) of 2010.	the certificate of liquor	· liability insur	rance required by Cha	pter 116 of the Acts
Please Check Below:			LOCAL LICENSING	NAUTHODITY
APPROVED:			LOCAL LICENSING By:	J AUTHORITY
DISAPPROVED:			By.	
(If disapproved explain))			
			-	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 027800045		CITY OR TOWN	DENNIS	
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINES	S: STAVROS PAVI S A BROTHERS PI				
ADDRESS 608 MA	AIN STREET				
CITY/TOWN: DE	ENNIS	STATE: MA	ZIP CODE:	02639	
MANAGER:	TY	PE OF LICENSE:Re	estaurant (CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	3:				
		VEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
	F LICENSED PREM				
	BUILDING LOCAT swear under penaltie	TED AT 608 MAIN S	TREET DEN NISI	PORT A.	
2. the licen	see has complied wit	f the same type for the h all laws of the Com r business (If not exp	monwealth relating		
SIGNED BT	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ed by the building in	e in possession (1) the aspector and the hea of liquor liability inst	d of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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LICENSE NUMBER	: 02/800048		CITY OR TOW.	N DENNIS	
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	FREE FOOD, INC.				
DOING BUSINESS	A SCARGO CAFE				
ADDRESS 799 RTE.	6 A				
CITY/TOWN: DEN	NIS	STATE: MA	ZIP CODE:	02638	
MANAGER: TROUDAV		OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISE	S:			
PORCH, RESTROOM	DING WITH ENTRY MS, PANTRY AND K PARTMENT, OFFICE CCESS.	ITCHEN_ON FIR	ST FLOOR,WIT	H FOUR EXIT	S.
I hereby certify and sv	wear under penalties of	f perjury that:			
1. the renewe	ed license will be of the	e same type for the	same premises no	ow licensed;	
2. the license	e has complied with al	l laws of the Comn	nonwealth relating	g to taxes; and	
3. the premis	es are now open for bu	isiness (If not expla	nin below)		
SIGNED BY	Individual, Partner or	· Authorized Corpo	orate Officer		
DATE					
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT Individual Social S	
			(11010. <u>1101</u>	murviduai Sociai S	security (valider)
Acts of 2004, signed	l, attest that we are in by the building inspe 2) the certificate of lie	ector and the head	l of the fire depa	rtment for the	above
Please Check Below: APPROVED:	_		LOCAL LICE By:	NSING AUTH	ORITY
DISAPPROVED: (If disapproved explain	in)				
(ii disappioved expla	iii <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02/80005/	(LITY OR TOWN DENNIS
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: SWAN RIVE	ER LLC	
DOING BUSINESS A CLANCY'S		
ADDRESS 8 UPPER COUNTY RI	O.	
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02639
MANAGER: BAKER, DARLENE M.	TYPE OF LICENSE: Resta	nurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS
DESCRIPTION OF LICENSED PR		
FOUR DINING AREAS, LOUNGE		OOM,NO CELLAR
I hereby certify and swear under per		
	be of the same type for the sa	•
•		onwealth relating to taxes; and
5. the premises are now ope	en for business (If not explain	i below)
SIGNED BY		
	artner or Authorized Corpora	nte Officer
DATE: TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the buildi	ng inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	027800060		CITYOR	IOWN DENNIS	
APPLICATION FOR	RENEWAL:	Annual		LICENSED FOR	2013
		CLASS	5		YEAR
LICENSEE NAME:	FINLEY'S 28	INC.			
DOING BUSINESS A	A FINLEY'S L	IQUORS			
ADDRESS 309 MAII	N STREET				
CITY/TOWN: DEN	NIS	STATE:	MA ZIP CO	ODE: 02670	
MANAGER: LOW,	FOO CHON	TYPE OF LICENSI	E:Package Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT O	UR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PRI	EMISES:			
TWO ROOMS WITH ROOM.	I FIRST FLOO	R AND BASEMEN'	Γ. SALESROOM	I LEADING TO ST	TORAGE
2. the license	d license will be has complied	e of the same type for with all laws of the On for business (If not	Commonwealth re		i
SIGNED BY	Individual, Pa	rtner or Authorized (Corporate Officer		
DATE:	TELEPI	HONE NUMBER:		MPLOYER IDENTIFICA NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain			LOCAL By:	LICENSING AUTI	HORITY
DATE:	,				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027800061	CITY OR TOWN DENNIS
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: SEVEN G'S DISCOUNT LIQUORS	,INC.
DOING BUSINESS A	
ADDRESS 538 MAIN ST	
CITY/TOWN: DENNIS STATE: M.	A ZIP CODE: 02638
MANAGER: GOVONI, JOSEPH TYPE OF LICENSE: S	Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
WOOD FRAME BLDG . THE ONLY ENTRANCE AND I ON THE RIGHT HAND CORNER OF THE SOUTH WES	
 the renewed license will be of the same type for the control of the licensee has complied with all laws of the Control of the premises are now open for business (If not expressed in the premises are now open for business). 	mmonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authorized Co	rporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	2:027800063		CITY C	OR TOWN	DENNIS	
APPLICATION FOR	R RENEWAL:	Annua	l	LICEN	SED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME:	A. J. LUKE'S OF	DENNIS, INC.				
DOING BUSINESS	A A.J. LUKE'S SU	PER LIQUOR S	STORE			
ADDRESS 438444	MAIN ST					
CITY/TOWN: DEN	INIS	STATE:	MA ZIP	CODE:	02639	
	ES M. TY GRAIL	PE OF LICENS	E:Package Sto	ore CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER Y	OUR EMAIL ADDRI	ESS		•
DESCRIPTION OF LICENSED PREMISES:						
ONE FLOOR; TWO ROOMS, NO CELLAR, OVERALL DIMENSIONS CONTAINING SALES ROOM AND STORAGE AREA; ONE FRONT ENTRANCE AND ONE REAR ENTRANCE						
2. the license	ed license will be of ee has complied wit ses are now open fo	h all laws of the	Commonwealt	th relating to		
SIGNED BY	Individual, Partne	r or Authorized (Corporate Offi	icer		
D. 4.000						
DATE:	TELEPHON	NE NUMBER:	(N			ION NUMBER: ecurity Number)
Please Check Below:				AL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:			
(If disapproved expla	 iin)					
1						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 027800064		CI	TY OR TOWN	DENNIS	
APPLICATION	FOR RENEWAL:	Annual	l	LICEN	SED FOR 20	013
		CLASS	3			YEAR
LICENSEE NAM	ME: JILL'S CORP.					
DOING BUSINI	ESS A HARNEY'S CAPI	E COD LIQUO	RS			
ADDRESS 485	ROUTE 134 PO BOX 14	84				
CITY/TOWN:	DENNIS	STATE:	MA	ZIP CODE:	02660	
MANAGER:	REINGOLD, MARC TYP	E OF LICENSI	E:Packag	e Store CA	ATEGORY:	All Alcohol
EMAIL ADDRE	SS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER Y	OUR EMAIL	ADDRESS		-
DESCRIPTION	OF LICENSED PREMIS	ES:				
	ONSISTING OF 7.344 SC A AITH THE GROCER				RING HALF	A
I hereby certify a	and swear under penalties	of perjury that:				
-	newed license will be of t			ne premises now	licensed;	
	censee has complied with			=		
	remises are now open for l			•	,	
				·		
SIGNED BY						
SIGNED D1	Individual, Partner	or Authorized (Corporate	Officer		
DATE:	TELEPHONI	E NUMBER:		EMPLOYER	IDENTIFICAT	ION NUMBER:
				(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below			т.	OCAL LICENS	INC AUTHO	
APPROVED:	<u>.</u>			OCAL LICENS	ING AUTHO	JRII Y
DISAPPROVED):		D	By:		
(If disapproved e	explain)		_			
			=			
			=			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:02/800068		CITY OR TO	JWN DENNIS	
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		R MARINE CORPORA ER LIQUORS	ATION		
ADDRESS ROUTES	3 134 AND 28				
CITY/TOWN: DEN	NIS	STATE: MA	A ZIP COD	DE: 02670	
MANAGER: ZUKA PIER	AUSKAS, INA G.	TYPE OF LICENSE:	Package Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PR	EMISES:			
		LDG, SALES AREA,OI FOR DELIVERIES AN			
2. the license	ee has complied ses are now ope	be of the same type for the description of the Coren for business (If not example) artner or Authorized Coren for business (If not example).	mmonwealth rela		i
	maividuai, Pa	arther of Authorized Co.	rporate Officer		
DATE:	TELEP	HONE NUMBER:		LOYER IDENTIFICA OT Individual Social	
Please Check Below: APPROVED:				CENSING AUTI	HORITY
DISAPPROVED:			By:		
(If disapproved expla	in)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 02/8000/0		CITY OR TOWN	DENNIS	
APPLICATION FO	R RENEWAL:	Annual	LICENS	ED FOR 2013	
		CLASS		YE	AR
	KONARY FAMILY E A MARINE PACKAGI		TD		
ADDRESS 697 MA	IN ST DENNISPORT				
CITY/TOWN: DE	NNIS	STATE: MA	ZIP CODE:	02639	
MANAGER: KOI R.	NARY, DENNIS TYPE (OF LICENSE: Pac	kage Store CA	TEGORY: Al	l Alcohol
EMAIL ADDRESS					
	PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EN	MAIL ADDRESS		
	LICENSED PREMISES FROM 1880 SQ. FT. 2				
2. the licens	ved license will be of the see has complied with all ises are now open for bus	laws of the Comr	nonwealth relating to		
	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	IUMBER:		DENTIFICATION vidual Social Securi	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENSII By:	NG AUTHORI	TY
DATE:			-		



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LICENSE NUMBER: 02	7800078		CITY OR TO	OWN DENNIS	
APPLICATION FOR RE	ENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: TR	REATS CATERIN	IG, INC.			
DOING BUSINESS A T	THE DENNIS IN	٧			
ADDRESS 25 SCARSDA	ALE ROAD				
CITY/TOWN: DENNIS	3	STATE: MA	ZIP COI	DE: 02638	
MANAGER: BOYD, BRADFO		E OF LICENSE: Inn	holder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	SE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LICE					
BASEMENT, ONE STO SEPARATE EXTERIOR FLR; 8 ROOMS PLUS 2	R ENTRANCE, FI	RST FLOOR; 8 RC	OOMS PLUS	ΓWO BATHS, SEG	
I hereby certify and swear	r under penalties o	of perjury that:			
1. the renewed li	cense will be of the	he same type for the	same premise	s now licensed;	
2. the licensee ha	as complied with a	all laws of the Com	nonwealth rela	ating to taxes; and	
3. the premises a	re now open for b	ousiness (If not expl	ain below)		
SIGNED BY	dividual, Partner o	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NIIMRED.	EMP	LOYER IDENTIFICAT	TION NUMBER:
	TELEFTIONE	NOMBER.		OT Individual Social S	
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building insp	pector and the head	d of the fire d	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					
•					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027800086		CITY OR TOWN DENNIS
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: SKELLIGS C	CALLING LLC	
DOING BUSINESS A O'SHEA'S O	OLDE INNE ON CAPE CO	DD
ADDRESS 348 MAIN ST		
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02670
MANAGER: Doyle, Matthew P	TYPE OF LICENSE: Rest	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED PR		
TWO STORY BUILDING. FIRST		OOMS, KITCHEN, TWO EE AND ONE EXIT FROM DINING
ROOM BY SIDE DOOR. SECOND		
I hereby certify and swear under pen		same premises now licensed;
	* *	nonwealth relating to taxes; and
3. the premises are now ope		
SIGNED BY		
Individual, Pa	artner or Authorized Corpor	rate Officer
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
		certificate required by Chapter 304 of the
	~ <u>-</u>	of the fire department for the above rance required by Chapter 116 of the Acts
of 2010.	tte of fiquor flability filsur	ance required by Chapter 110 of the rees
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 02/800096		CITY OR TO	WN DENNIS	
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 1592 MA	IN ST				
CITY/TOWN: DEN	NIS	STATE: MA	ZIP CODE	E: 02641	
MANAGER: SOLC	MINE, APRIL TYPI	E OF LICENSE: Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEE	SITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISI	ES:			
1ST FLOOR, WALK TOTALING 1800 SQ					AGE,
2. the license	d license will be of the has complied with a ses are now open for b	all laws of the Con	nmonwealth relati		
SIGNED BY	Individual, Partner of	or Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICAT T Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LIC	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMBER	: 02/800101		CITY OR TOWN	DENNIS
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	OCEAN HOUSE	CORP.		
DOING BUSINESS	A OCEAN HOUS	E RESTAURANT		
ADDRESS 421-25 C	LD WHARF RD			
CITY/TOWN: DEN	INIS	STATE: MA	ZIP CODE:	02639
MANAGER: BAR HAR		PE OF LICENSE: Rest	taurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
L	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	ISES:		
		OOM, BAR AND OUT S, KITCHEN AREA, O		ECOND FLOOR;
	ses are now open fo	h all laws of the Comm r business (If not expla	in below)	o taxes; and
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
			(11010. <u>1101</u> III0	iividuai Sociai Security Ivuilibei)
Acts of 2004, signed	by the building in	spector and the head	of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	SING AUTHORITY
-				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 027800102		CITY OR TOWN	1 DENNIS	
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE N	AME: JEFFREY A.	WILSON			
DOING BUSI	NESS A NORABEL	LA			
ADDRESS 70	2 ROUTE 28				
CITY/TOWN	: DENNIS	STATE: MA	ZIP CODE:	02670	
MANAGER:	WILSON, JEFFREY A.	TYPE OF LICENSE: Res	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
		OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
	N OF LICENSED PE		N D A GIV. ONE EI		ED ANGE
IN FRONT, K		G ROOM, RESTROOMS II	N BACK. ONE E	XIT AND ENT	TRANCE
3. the SIGNED BY		en for business (If not explanation of the control			
DATE:	TELEI	NHONE NUMBER	FMPI OYI	ER IDENTIFICAT	ION NUMBER:
	IELER	PHONE NUMBER:		ndividual Social S	
Acts of 2004,	signed by the buildi	we are in possession (1) the ng inspector and the head ate of liquor liability insu	l of the fire depar	tment for the	above
Please Check Bel APPROVED: DISAPPROVE	ED:		LOCAL LICEN By:	ISING AUTHO	ORITY
(If disapprove	u expiain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 027800112		CITY OR TOWN	DENNIS
APPLICATION	FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: WEST DENNIS	YACHT CLUB, INC		
DOING BUSINI	ESS A WEST DENNI	IS YACHT CLUB		
ADDRESS 259	LORING AVE			
CITY/TOWN:	DENNIS	STATE: MA	ZIP CODE:	02670
	MITCHELL, T SONYA	YPE OF LICENSE: Club	CAT	TEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	OF LICENSED PREM			
THREE STORA	GE ROOMS, BAR RO	IGE, KITCHEN, FOYEI DOM, MAIN ENTRANC CELLAR, REAR DECK	CE, TWO SOUTH SI	DE ENTRANCES,
I hereby certify a	and swear under penalt	ies of perjury that:		
1. the re	newed license will be	of the same type for the	same premises now lie	censed;
2. the lie	censee has complied w	rith all laws of the Comm	onwealth relating to t	axes; and
3. the pr	remises are now open f	for business (If not expla	in below)	
SIGNED BY	Individual Parts	ner or Authorized Corpo	rata Officar	
	marviduai, i arti	ner of Authorized Corpor	ade Officer	
DATE:	TEI EDU(ONE NUMBER:	EMPLOYER II	DENTIFICATION NUMBER:
	TELEFT	ONE NUMBER.		dual Social Security Number)
Acts of 2004, si	gned by the building	are in possession (1) the inspector and the head of liquor liability insur	of the fire departme	ent for the above
Please Check Below	<u>:</u>		LOCAL LICENSIN	NG AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	expiain)			
DATE:				



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LICENSE NUMBER:	027800118		CITY OR TOWN DEN	NNIS
APPLICATION FOR	RENEWAL:	Annual	LICENSED I	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	LA SCALA RESTAR	UANTE, INC		
DOING BUSINESS A	A LA SCALA RESTA	URANTE		
ADDRESS 106 DEPO	OT ST			
CITY/TOWN: DEN	NIS	STATE: MA	ZIP CODE: 026	539
MANAGER: SIMO A	NE, ROBERT TYPE	OF LICENSE: Res	taurant CATEG	GORY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS	
	ICENSED PREMISES			
	G. SECOND FLOOR F MS AND A LOUNGE.		OFFICE. FIRST FLOOR	CONSISTS OF
3. the premise	es are now open for bus			
DATE:	TELEPHONE N	JI IMRER:	EMPLOYER IDEN	TIFICATION NUMBER:
	TEELTHOILE	WINDER.	(Note: NOT Individual	Social Security Number)
Acts of 2004, signed	by the building inspe	ctor and the head	e certificate required by l of the fire department t rance required by Chap	for the above
Please Check Below: APPROVED:			LOCAL LICENSING ABy:	AUTHORITY
DISAPPROVED: [n)			
1				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027800	119	CITY OR TOWN DENNIS	3
APPLICATION FOR RENEV	VAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: 85 TAU	JNTON, INC		
DOING BUSINESS A CHAI	PIN BEACH BAR		
ADDRESS 85 TAUNTON A	VE		
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02638	
MANAGER: MULLEN, JA F.	MES TYPE OF LICENSE: Re	estaurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSI	ED PREMISES:		
I hereby certify and swear und	er penalties of perjury that:		
	e will be of the same type for the	=	
	mplied with all laws of the Com	•	d
3. the premises are no	ow open for business (If not expl	ain below)	
GIGITED DV			
SIGNED BY Individ	ual, Partner or Authorized Corp	orate Officer	
DATE:	ELEPHONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
		(Note: NOT Individual Socia	al Security Number)
Acts of 2004, signed by the	that we are in possession (1) the building inspector and the hea ertificate of liquor liability insu	d of the fire department for t	he above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(It disconnected avaluation)			
(If disapproved explain)			
(II disapproved expiain)			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 02/800120		CITY	OR TOWN	DENNIS	
APPLICATION F	OR RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAM	E: BUNCEY'S PIZZA	ADN SPORTS C	AFE, INC			
DOING BUSINES	SS A BUNCEY'S					
ADDRESS 894 RO	OUTE 134					
CITY/TOWN: D	ENNIS	STATE: MA	ZI.	P CODE:	02660	
	JNCE, TYPE MOTHY J	E OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRES	S:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDI	RESS		_
	OF LICENSED PREMISE					
	28' X 22' DECK LOCAT		I SIDE OF	F BUILDIN	G.	
•	d swear under penalties of					
	ewed license will be of th	• •	-			
	ensee has complied with a			Ū	to taxes; and	
3. the prei	mises are now open for b	ousiness (II not ex	piain beio	W)		
SIGNED BY						
SIGNED B1	Individual, Partner of	or Authorized Con	porate Of	ficer		
DATE:	TELEPHONE	NUMBER:		EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
			(1	Note: NOT In	dividual Social S	Security Number)
Acts of 2004, sign	ned, attest that we are in ned by the building insp and (2) the certificate of l	ector and the he	ad of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved ex	plaın)					 ,
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027800123		CITY OR TOWN DENNIS	
APPLICATION FOR RENEWAL	.: Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: SHOWTIM	E FOODS, INC		
DOING BUSINESS A SHOWTI	ME PIZZA PASTA & DELI		
ADDRESS 614 MAIN ST			
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02638	
MANAGER: JULIAN, MARK	C. TYPE OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED F			
ONE FLOOR FULL BASEMENT	', TWO BATHS AND THR	EE EXITS ENTRANCES	
I hereby certify and swear under p		same premises now licensed;	
	• 1	nonwealth relating to taxes; and	
•	pen for business (If not explain	<u>-</u>	
SIGNED BY			
Individual,	Partner or Authorized Corpo	orate Officer	
DATE: TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ding inspector and the head	d of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disapprovod explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 027800124		CITY OR TOWN DE	ENNIS	
APPLICATION	FOR RENEWAL:	Annual	LICENSED	FOR 2013	
		CLASS		YEAR	
LICENSEE NA	ME: PATRIOT SPIR	ITS INC.			
DOING BUSIN	ESS A LIQUOR N' M	ORE			
ADDRESS 500	RTE. 134, UNIT 12				
CITY/TOWN:	DENNIS	STATE: MA	ZIP CODE: 02	2660	
	PATTERSON, T MICHAEL J.	YPE OF LICENSE: Pac	kage Store CATE	GORY: All Alcohol	
EMAIL ADDR	ESS:				
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS					
DESCRIPTION OF LICENSED PREMISES:					
2. the la	icensee has complied with the complier of the complete with the co	ith all laws of the Comr			
DATE:	TELEPHO	ONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)	
Please Check Below APPROVED:	<u>w:</u>		LOCAL LICENSING	AUTHORITY	
DISAPPROVE	D:		By:		
(If disapproved	explain)				
DATE.					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027	800126	CI	TY OR TOWN	DENNIS	
APPLICATION FOR REI	NEWAL:	nnual	LICENS	SED FOR 20	13
	C	CLASS			YEAR
LICENSEE NAME: DE DOING BUSINESS A DI					
ADDRESS 481 MAIN S	Γ				
CITY/TOWN: DENNIS	STAT	E: MA	ZIP CODE:	02639	
MANAGER: KANTZEI ATHANA		CENSE: Restau	rant CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASI	E ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICE	NSED PREMISES:				
ONE STORY WOOD FR ONE KITCHEN,FOOD P BASEMENT					
3. the premises ar	s complied with all laws of e now open for business (If not explain l	pelow)	tures, una	
DATE:	TELEPHONE NUMB	ER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER:
We the undersigned, att Acts of 2004, signed by t named license and (2) th of 2010.	he building inspector an	nd the head of	the fire departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			OCAL LICENS	ING AUTHO	ORITY
DATE:		-			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 027800133		CITY OR TOW	N DENNIS	
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 653 RO	S A DENNIS PUBL	IC MARKET			
CITY/TOWN: DE		STATE: MA	ZIP CODE:	02638	
MANAGER: COS B.	SBY, ANDREW TY	PE OF LICENSE: P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
		VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	CLICENSED PREMI ONE FLOOR; BASI RNER		RAGE. LIQUOR DI	SPLAY SHAL	L BE AN
1. the renev 2. the licen 3. the prem	swear under penaltie wed license will be of see has complied wit ises are now open for	f the same type for the h all laws of the Cor	nmonwealth relating		
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp.	Lain)		LOCAL LICEI By:	NSING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 027800134	CIT	Y OR TOWN DENNIS
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: THE DENNIS O	YSTER COMPANY LLC	
DOING BUSINESS A THE OYSTER	COMPANY	
ADDRESS 17 SOUTH STREET		
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02639
MANAGER: BURNS, GREGORYTY	YPE OF LICENSE: Restaura	ant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMAIL A	DDRESS
DESCRIPTION OF LICENSED PREM 1ST. FLOOR DINING AREA W/ SEA' AREA FOR 55; ONE ENTRANCE ON EMERGENCY EXIT ON NORTH SID STORAGE AREA. STORAGE AND O	TING FOR 22. BAR AREA EAST SIDE TWO EXITS E; 1ST FL. KITCHEN, 2 R	ON WEST SIDE; ONE ESTROOMS, DRY GOODS
1. the renewed license will be of the licensee has complied will be premises are now open for the licensee are now open for the licensee has a licensee has complied will be only the licensee has complied will	of the same type for the same th all laws of the Commonw	ealth relating to taxes; and
SIGNED BY Individual, Partne	er or Authorized Corporate	Officer
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building i	nspector and the head of t	tificate required by Chapter 304 of the he fire department for the above e required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LC By	OCAL LICENSING AUTHORITY y:
DATE:	_	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 02/80013/		CITY OR TOWN DEN	INIS
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
	AME: DENNIS FO	OD & PACKAGE INC. OOD & PACKAGE		
ADDRESS 894	4 ROUTE 134,			
CITY/TOWN:	DENNIS	STATE: MA	ZIP CODE: 0266	50
MANAGER:	CHAUDHRY, SAEED A.	TYPE OF LICENSE:P	Cackage Store CATEGO	ORY: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PF	REMISES:		
	premises are now ope	d with all laws of the Coren for business (If not expanded)		; and
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual :	TIFICATION NUMBER: Social Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING A By:	UTHORITY
DATE:				



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LICENSE NUMBER: 02/8001	40	CITY OR TOWN DENNIS	
APPLICATION FOR RENEW	'AL: Annual	LICENSED FOR 2013	3
	CLASS	YE	EAR
LICENSEE NAME: MORRE	LL STEPPING STONE INC.		
DOING BUSINESS A MORR	ELL'S RESTAURANT/CATE	ERING	
ADDRESS 430 ROUTE 134			
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02660	
MANAGER: MORRELL, DEBRA J.	TYPE OF LICENSE: R	estaurant CATEGORY: A	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
THE CENTER UNIT OF 430 I 3 ROOMS; DINING, LOUNG		AR EXITS.2000 SQ. FT.CONSISTII	NG OF
I hereby certify and swear unde	er penalties of perjury that:		
1. the renewed license	will be of the same type for th	e same premises now licensed;	
	**	amonwealth relating to taxes; and	
	w open for business (If not exp	•	
or the product the second	· · · · · · · · · · · · · · · · · · ·		
~~~			
SIGNED BY Individu	ial, Partner or Authorized Corp	oorate Officer	
1101 / 100	, 1 m.m.o. o. 1 m.m.o. 1200 Co.,	701W 0111001	
DATE:	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION	N NUMBER:
11	ELEFTIONE NUMBER.	(Note: NOT Individual Social Secu	
Acts of 2004, signed by the b	uilding inspector and the hea	he certificate required by Chapter and of the fire department for the absurance required by Chapter 116 of	ove
Please Check Below:		LOCAL LICENSING AUTHOR	ITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER: 02780	0143	CITY OR TOWN DENNI	S
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR	R 2013
	CLASS		YEAR
LICENSEE NAME: CHRIS	S ANN GALLANT		
DOING BUSINESS A PINE	E'S CLUB		
ADDRESS 50 GOLF COUR	SE RD.		
CITY/TOWN: DENNIS	STATE: N	AA ZIP CODE: 02660	
MANAGER: GALLANT, O	CHRIS TYPE OF LICENSE	:Restaurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION OF LICENS			
SINGLE STORY CLUBHOU & PATIO & BASEMENT.	USE WITH BANQUET ROC	OM, DINING AREA 1,000 SQ. F	Γ. KITCHEN
I hereby certify and swear un	der penalties of perjury that:		
1. the renewed licens	se will be of the same type for	the same premises now licensed;	
2. the licensee has co	omplied with all laws of the C	Commonwealth relating to taxes; as	nd
3. the premises are n	ow open for business (If not e	explain below)	
SIGNED BY			
Indivi	dual, Partner or Authorized C	orporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFIC	
		(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, signed by the	building inspector and the	) the certificate required by Chahead of the fire department for insurance required by Chapter	the above
Please Check Below:		LOCAL LICENSING AU	THORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		<del>-</del>	



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LICENSE NUMBER: (	)27800147		CITY OR TOWN	DENNIS	
APPLICATION FOR F	RENEWAL:	Annual	LICENS	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: I					
DOING BUSINESS A					
ADDRESS 825 OLD B	SASS RIVER ROAD				
CITY/TOWN: DENN	IS	STATE: MA	ZIP CODE:	02660	
MANAGER: MURPI	HY,ANDREATYPE	OF LICENSE: Res	taurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF LIO SINGLE STORY W/B. EXIT THRU MAIN BI BUILDING OUTSIDE	ASEMENT 1ST. FLO	OOR W/ONE EXI			
I hereby certify and swe		perjury that:			
•	license will be of the		same premises now	licensed;	
2. the licensee	has complied with all	laws of the Comr	nonwealth relating to	taxes; and	
3. the premises	s are now open for bus	siness (If not expla	nin below)		
SIGNED BY					
]	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		TON NUMBER:
			(Note. NOT IIId)	viduai Sociai S	ecurity Number)
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building inspe	ctor and the head	l of the fire departn	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:	1		By:		
DISAPPROVED:					
(If disapproved explain	)				
DATE:					
······					



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LICENSE NUN	MBER: 027800152		CITY OR TOWN DENNIS		
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013	
		CLASS		YEAR	
LICENSEE NA	AME: BANGKOK D	ENNIS INC.			
DOING BUSIN	NESS A BANGKOK	THAI CUISINE			
ADDRESS 6 E	NTERPRISE ROAD				
CITY/TOWN:	DENNIS	STATE: MA	ZIP CODE: 02660		
	TANASANDICK, TANAPON	TYPE OF LICENSE: Res	staurant CATEGORY	: Wine and Malt Regular	
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	N OF LICENSED PRE				
1120 SQ FT OF THE PATRIOT		TAIL SPACE, KNOWN	AND NUMBERED AS UNIT	11; IN	
I hereby certify	and swear under pena	lties of perjury that:			
1. the r	renewed license will be	e of the same type for the	same premises now licensed;		
2. the l	licensee has complied	with all laws of the Comr	nonwealth relating to taxes; and		
3. the p	premises are now open	for business (If not explain	ain below)		
-					
SIGNED BY					
	Individual, Par	tner or Authorized Corpo	orate Officer		
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: <u>NOT</u> Individual Social	Security Number)	
Acts of 2004, s	signed by the building	g inspector and the head	e certificate required by Chap l of the fire department for th rance required by Chapter 11	e above	
Please Check Below	<u>w:</u>		LOCAL LICENSING AUTH	HORITY	
APPROVED:			By:		
DISAPPROVE					
(If disapproved	expiaiii)				
DATE:					



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LICENSE NUMBER: 02780	00153		CITY	OR TOWN	DENNIS	
APPLICATION FOR RENE	EWAL:	Annua		LICEN	SED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: FIN S DOING BUSINESS A FIN	EAFOOD INC.					
ADDRESS 800 MAIN ST.						
CITY/TOWN: DENNIS	S	STATE:	MA ZI	P CODE:	02660	
MANAGER: KANE,MAR	RTHA TYPE O	F LICENS	E:Restaurant	C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:  PLEASE A	LSO VISIT OUR WEBSITE	E AND ENTER Y	OUR EMAIL ADD	RESS		
DESCRIPTION OF LICENS 49 SEAT RESTAURANT OF MENS AND WOMENS RE AND A UNISEX RESTROOF	CONSISTING OF STROOMS DOW					
1. the renewed licer 2. the licensee has c 3. the premises are r	nse will be of the sa complied with all la	ame type for	Commonwea	alth relating to		
SIGNED BY Indiv	idual, Partner or A	authorized (	Corporate Of	fficer		
DATE:	TELEPHONE NU	UMBER:	(		R IDENTIFICAT	
We the undersigned, attes Acts of 2004, signed by the named license and (2) the of 2010.	e building inspect	or and the	1) the certif head of the	icate require fire departi	ed by Chapto ment for the	er 304 of the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOC By:	CAL LICENS	SING AUTHO	ORITY
DATE:						



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LICENSE NUMB	ER: 027800155		CITY OR	TOWN	DENNIS	
APPLICATION F	OR RENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS			,	YEAR
LICENSEE NAMI	E: CAPE COD CHAT I	HOUSE, LLC				
DOING BUSINES	SS A CAPE COD CHAT	HOUSE				
ADDRESS 593 RO	OUTE 6A					
CITY/TOWN: D	ENNIS	STATE: M	A ZIP CO	ODE:	02660	
MANAGER: PA	ARKE, JOHN TYPE	OF LICENSE:	Restaurant	CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOU	JR EMAIL ADDRESS			
	F LICENSED PREMISE					
	VITH THREE PRIMARY EATING FOR 42- 32 INI					
I hereby certify and	d swear under penalties o	f perjury that:				
	ewed license will be of the	• •	•			
	ensee has complied with a			elating to	taxes; and	
3. the prei	mises are now open for bu	ısiness (If not e	xplain below)			
SIGNED BY	Individual, Partner o	m Authorized Co	omonata Offican	_		
	marviduai, Farmer o	i Aumonzeu Co	orporate Officei	I		
DATE:			EA	MDI OVED		ION NUMBER:
DATE.	TELEPHONE	NUMBER:				ecurity Number)
						-
Acts of 2004, sign	ned, attest that we are in ned by the building insp nd (2) the certificate of li	ector and the h	ead of the fire	e departn	ent for the	above
Please Check Below:			LOCAL	LICENSI	NG AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved ex	piani)					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 027800156		CITY OR TOWN DENNIS	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: MARATHON R	RESTAURANT INC.		
DOING BUSIN	ESS A MARATHON	RESTAURANT		
ADDRESS 231	MAIN STREET			
CITY/TOWN:	DENNIS	STATE: MA	ZIP CODE: 02660	
	STOILAS, T THEODOROS K.	TYPE OF LICENSE: Pour	ring Permit CATEGORY	: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	OF LICENSED PREM			
REAR, ONE SI	DE ENTRANCE. RES	T ROOMS, COUNTER	IWO FRONT ENTRANCE & SERVICE WITH KITCHEN, I'ING FOR 20 AND OFFICE I	DINING
I hereby certify a	and swear under penalt	ties of perjury that:		
1. the re	enewed license will be	of the same type for the s	same premises now licensed;	
2. the li	censee has complied w	ith all laws of the Comm	onwealth relating to taxes; and	l
3. the p	remises are now open	for business (If not explain	in below)	
SIGNED BY	Individual, Part	ner or Authorized Corpor	rate Officer	
D.A.W.E.				
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, si	igned by the building	inspector and the head	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Below	<u>v:</u>		LOCAL LICENSING AUTI	HORITY
APPROVED: [			By:	
DISAPPROVEI (If disapproved				
(11 uisappioved (	слріаш)			
DATE:				



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LICENSE NUMBER: ()	27800158		CITY OR TOW	N DENNIS	
APPLICATION FOR R	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: P	ECORINO ROMA	NI, LLC			
DOING BUSINESS A	PECORINO ROM	IANO RESTUAI	RANTE		
ADDRESS 605 ROUT	E 6A				
CITY/TOWN: DENN	IS	STATE: M	ZIP CODE:	02660	
MANAGER: MONTI R.	ERO, LUIR TYP	E OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR WEI	BSITE AND ENTER YOU	JR EMAIL ADDRESS		
DESCRIPTION OF LIC	CENSED PREMIS	ES:			
SINGLE STORY BUIL SEATS INSIDE AND 8					
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of the	he same type for	the same premises no	ow licensed;	
2. the licensee	has complied with	all laws of the Co	ommonwealth relatin	g to taxes; and	
3. the premises	are now open for b	ousiness (If not e	xplain below)		
SIGNED BY					
I	Individual, Partner	or Authorized Co	orporate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOY	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building insp	pector and the h	ead of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:	1		By:		
DISAPPROVED:					
(If disapproved explain)	)				<del></del>
DATE:					
U111U,					